

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

726. Joseph James

1. PLACE OF DEATH
39 County Greene Registration District No. 318
3 Township Springfield Primary Registration District No. 2001
5 City Springfield (No. Baptist Hospital) St. Ward

2. FULL NAME Sarah Scarborough
(a) Residence No. Hartsville Mo. St. Ward
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OR (OR) WIFE OF Bruce Scarborough

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 4, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
40 2 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Home 2351
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) mt. Grene
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER J. P. Kelsley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Elice Thornhill

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri
(STATE OR COUNTRY)

14. INFORMANT Bruce Scarborough
(Address) Hartsville Mo.

15. FILED 1-9 19 32 Don Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 6 - 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 4 1932, to Jan 6 1932, that I last saw h. alive on Jan 6 1932, and that death occurred, on the date stated above, at 7:30 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Embolism
following delivery

CONTRIBUTOR (SECONDARY) Macrorrh. fetus. Eruptive.
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? (1)
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Joseph D. Gann M. D.
, 19 (Address) Springfield, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Hartsville Mo. DATE OF BURIAL Jan 10 1932
20. UNDERTAKER Alma Schmeyer ADDRESS 539 St. Louis St.

